

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 06-18-2008

Case #: 24129380

County: 20/ELKHART

Address: REGENT ST NO. OF C.R. 40

GOSHEN, IN

46526

## Type of Laboratory Seizure (check one)

- ☐ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☒ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open - No Structure  
☐ Other: \_\_\_\_\_

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): OPEN AIR  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: OPEN AIR  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☒ Anhydrous Ammonia: OPEN AIR  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## This report is to be faxed to the following agencies that serve the location:

Fire Department: GOSHEN

Fax: 574-875-5600

Health Department: ELKHART

Fax: 574-295-6186

Child Protection Service: N/A

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: BRAD A KAIZER 5032 Phone 800-552-2959

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.